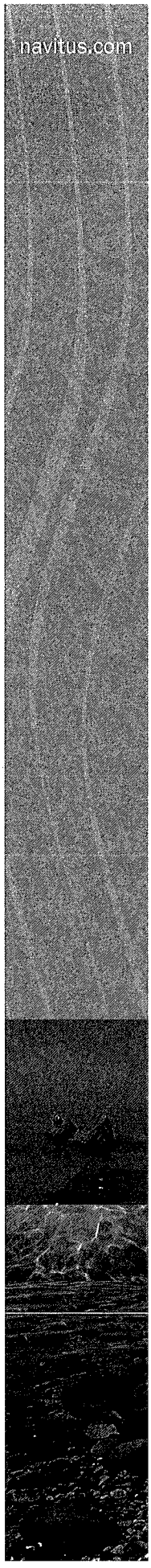


Preventive Drug List

Updated July 2019

Your health plan is making an effort to reduce your health care costs by giving you tools to help you stay healthy and productive. Below are the medications included on your Preventive Drug List. These medications help protect against or manage some high risk medical conditions. Taking these medications as directed by your prescriber can help avoid serious health problems. That may mean fewer doctor visits and hospitalizations, reducing your total health care costs.

In the drug list below, generic drugs are shown in lowercase type. Brand name drugs are shown in uppercase type.

Antiasthmatic/Bronchodilators

ADVAIR DISKUS INHALER
ADVAIR HFA INHALER
albuterol neb soln 0.083%
albuterol neb soln 0.5%
albuterol neb soln 0.63mg
albuterol neb soln 1.25mg
albuterol sulfate ER tab
albuterol sulfate syrup
albuterol sulfate tab
ALBUTEROL TAB ER
albuterol/ipratropium neb soln
aminophylline tab
ANORO ELLIPTA INHALER
ARNUITY ELLIPTA INHALER
ASMANEX HFA INHALER
ASMANEX INHALER
ATROVENT HFA INHALER
BREO ELLIPTA INHALER
budesonide inh susp
COMBIVENT INHALER
COMBIVENT RESPIMAT INHALER
cromolyn neb soln
DULERA INHALER
ELIXOPHYLLIN ELIXIR
FLOVENT DISKUS INHALER
FLOVENT HFA INHALER
fluticasone/salmeterol inhaler
FORADIL AEROLIZER
INCRUSE ELLIPTA INHALER
ipratropium neb soln
levalbuterol neb soln
LONHALA MAGNAIR SOLN
METAPROTERENOL SYRUP
montelukast chew tab
montelukast granule pack
montelukast tab
SEREVENT DISKUS INHALER

- Note: The list is subject to change and not all drugs listed may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products.

SPIRIVA RESPIMAT INHALER 1.25MCG/ACT
STIOLTO INHALER
terbutaline sulfate tab
theophylline CR tab
theophylline ER tab
theophylline soln
TRELEGY ELLIPTA INHALER
VENTOLIN HFA INHALER
wixela inhaler
zafirlukast tab

Anticoagulant

ELIQUIS TAB
enoxaparin inj
fondaparinux inj
heparin inj
PRADAXA CAP
warfarin tab
XARELTO STARTER PACK
XARELTO TAB

Antidiabetics

acarbose tab
AVANDAMET TAB
AVANDARYL TAB
AVANDIA TAB
BYDUREON BCISE AUTO INJ
BYDUREON INJ
BYDUREON PEN INJ
chlorpropamide tab
FARXIGA TAB
FIASP FLEXTOUCH INJ
FIASP INJ
glimepiride tab
glipizide ER tab
glipizide tab
glipizide/metformin tab
GLUCAGEN HYPOKIT INJ
GLUCAGON INJ KIT
glyburide micronized tab
glyburide tab
glyburide/metformin tab
GLYXAMBI TAB
HUMULIN R U-500 KWIKPEN INJ
JANUMET TAB
JANUMET XR TAB
JANUVIA TAB
JARDIANCE TAB
JENTADUETO TAB
JENTADUETO XR TAB
LANTUS INJ
LANTUS SOLOSTAR INJ
LEVEMIR FLEXTOUCH INJ
LEVEMIR INJ
metformin ER tab
metformin tab
miglitol tab
nateglinide tab
NOVOLOG FLEXPEN INJ
NOVOLOG INJ
NOVOLOG MIX FLEXPEN INJ
NOVOLOG MIX INJ
NOVOLOG PENFILL INJ
OZEMPIC INJ
pioglitazone tab
repaglinide tab
SYNJARDY TAB
SYNJARDY XR TAB 10-1000MG, 25-1000MG
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG

- Note: The list is subject to change. Please always refer to your Navitus formulary for a complete list of covered products.

tolazamide tab
TOLBUTAMIDE TAB
TOUJEO MAX SOLOSTAR INJ
TOUJEO SOLOSTAR INJ
TRADJENTA TAB
TRESIBA FLEXTOUCH INJ
TRESIBA INJ
VICTOZA INJ
XIGDUO XR TAB 2.5-1000MG, 5-1000MG
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG
XULTOPHY INJ

Antihyperlipidemics

atorvastatin tab 10mg
atorvastatin tab 20mg
atorvastatin tab 40mg
atorvastatin tab 80mg
cholestyramine lite powder
cholestyramine lite powder pack
cholestyramine powder
cholestyramine powder pack
colesevelam pack
colesevelam tab
colestipol granule
colestipol powder
colestipol tab
ezetimibe tab
ezetimibe/simvastatin tab
fenofibrate cap 67mg, 134mg, 200mg
fenofibrate tab 48mg, 54mg, 145mg, 160mg
fenofibric acid DR cap
fluvastatin cap
gemfibrozil tab
lovastatin tab
omega-3-acid ethyl esters cap
pravastatin tab
rosuvastatin tab 10mg
rosuvastatin tab 20mg
rosuvastatin tab 40mg
rosuvastatin tab 5mg
simvastatin tab

Antihypertensives

acebutolol cap
acetazolamide ER cap
acetazolamide tab
amiloride tab
amiloride/hydrochlorothiazide tab
amlodipine tab
amlodipine/benazepril cap
amlodipine/olmesartan tab
amlodipine/valsartan tab
amlodipine/valsartan/hydrochlorothiazide tab
atenolol tab
atenolol/chlorthalidone tab
benazepril tab
betaxolol tab
bisoprolol tab
bisoprolol/hydrochlorothiazide tab
bumetanide tab
BYSTOLIC TAB
carvedilol tab
chlorothiazide tab
CHLOROTHIAZIDE TAB 250MG
CHLORTHALIDONE TAB
clonidine patch
clonidine tab

- Note: The list is subject to change. Please always refer to your Navitus formulary for a complete list of covered products.

diltiazem ER cap
diltiazem ER tab
diltiazem tab
DIURIL SUSP
doxazosin tab
DYRENIUM CAP
enalapril/hydrochlorothiazide tab
eplerenone tab
ethacrynic tab
felodipine ER tab
FUROSEMIDE SOLN
furosemide soln
furosemide tab
guanfacine IR tab
hydralazine tab
hydrochlorothiazide cap
hydrochlorothiazide tab
indapamide tab
irbesartan tab
isradipine cap
labetalol tab
LEVATOL TAB
lisinopril tab
lisinopril/hydrochlorothiazide tab
losartan tab
losartan/hydrochlorothiazide tab
methazolamide tab
METHYCLOTHIAZIDE TAB
methyldopa tab
methyldopa/hydrochlorothiazide tab
metolazone tab
metoprolol ER tab
metoprolol tab
metoprolol/hydrochlorothiazide tab
minoxidil tab
nadolol tab
nadolol/bendroflumethiazide tab
nicardipine cap
nifedipine cap
nifedipine ER tab
nimodipine cap
nisoldipine ER tab
olmesartan tab
olmesartan/hydrochlorothiazide tab
pindolol tab
prazosin cap
propranolol ER cap
PROPRANOLOL SOLN
propranolol tab
propranolol/hydrochlorothiazide tab
sotalol AF tab
sotalol tab
spironolactone tab
spironolactone/hydrochlorothiazide tab
terazosin cap
timolol maleate tab
torsemide tab
trandolapril/verapamil ER tab
triamterene/hydrochlorothiazide cap
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg
triamterene/hydrochlorothiazide tab
valsartan tab
valsartan/hydrochlorothiazide tab
verapamil SR cap
verapamil SR cap
VERAPAMIL SR CAP 360mg
verapamil SR tab
verapamil tab

Antiplatelet

- Note: The list is subject to change. Please always refer to your Navitus formulary for a complete list of covered products.

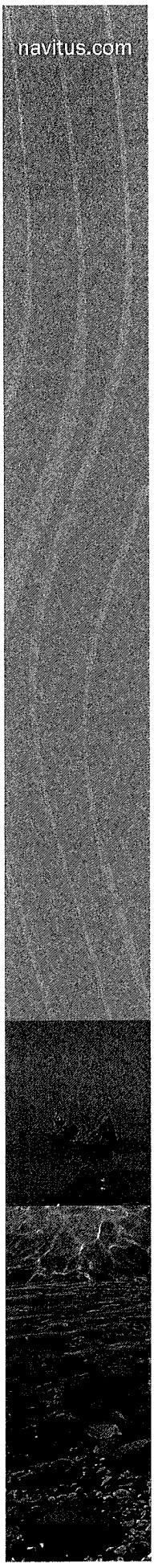
anagrelide cap
aspirin/dipyridamole cap
cilostazol tab
clopidogrel tab 75mg
dipyridamole tab
prasugrel tab
ticlopidine tab

Osteoporosis

alendronate tab
ALENDRONATE TAB 40MG
calcitonin nasal spray
etidronate disodium tab 200mg
FORTICAL NASAL SPRAY
ibandronate tab 150mg
risedronate DR tab
risedronate tab

- Note: The list is subject to change. Please always refer to your Navitus formulary for a complete list of covered products.

navitus.com Share a Clear View



Health Care Reform Contraceptive Drugs

Comprehensive List - Updated July 2019

The Affordable Care Act (ACA) requires most health plans to pay for certain preventive services at no cost to you. Contraceptives are included as a preventive service under the ACA.

The following contraceptive drugs are available with a $0 copayment. Generic drugs are shown in lowercase type. Brand drugs are shown in uppercase type.

afirmelle tab	ayuna tab
AFTERA TAB	azurette tab
aftera tab	balziva tab
altavera tab	bekyree tab
alyacen 1/35 tab	blisovi 24 fe tab
alyacen 7/7/7 tab	blisovi fe 1.5/30 tab
amethia lo tab	blisovi fe 1/20 tab
amethia tab	briellyn tab
amethyst tab	camila tab
apri tab	camrese lo tab
aranelle tab	camrese tab
ashlyna tab	caziant tab
aubra eq tab	CERVICAL CAP
aubra tab	cesia tab
aurovela 1.5/30 tab	chateal eq tab
aurovela 1/20 tab	chateal tab
aurovela 24 fe tab	CONTRACEPTIVE FILM
aurovela fe 1.5/30 tab	CONTRACEPTIVE FOAM
aurovela fe 1/20 tab	CONTRACEPTIVE GEL
aviane tab	contraceptive gel

- Note: This list is subject to change. Also, not all medications may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products.
- This requirement applies to all non-grandfathered plans with an effective date on or after August 1, 2012.

cryselle-28 tab	fallback solo tab
cyclafem 1/35 tab	falmina tab
cyclafem 7/7/7 tab	fayosim tab
cyred eq tab	FEMALE CONDOMS
cyred tab	femynor tab
dasetta 1/35 tab	gianvi tab
dasetta 7/7/7 tab	gildagia tab
daysee tab	gildess 1.5/30 tab
deblitane tab	gildess 1/20 tab
delyla tab	gildess 24 fe tab
DEPO-SUBQ PROVERA 104	gildess fe 1.5/30 tab
depo-subq provera 104	gildess fe 1/20 tab
desogestrel/ethinyl estra tab	hailey 24 fe tab
drospirenone/ethinyl estr tab	heather tab
ECONTRA EZ TAB	incassia tab
econtra ez tab	introvale tab
ECONTRA ONE-STEP TAB	isibloom tab
econtra one-step tab	jasmiel tab
elinest tab	jencycla tab
ELLA TAB	jolessa tab
emoquette tab	jolivette tab
ENCARE	juleber tab
enpresse-28 tab	junel 1.5/30 tab
enskyce tab	junel 1/20 tab
errin tab	junel fe 1.5/30 tab
estarylla tab	junel fe 1/20 tab
ethynodiol diacetate/ethi tab	junel fe 24 tab
FALLBACK SOLO TAB	kaitlib fe tab

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kalliga tab	lutera tab
kariva tab	lyza tab
kelnor 1/35 tab	marlissa tab
kelnor 1/50 tab	MEDROXYPROGESTERONE ACETA
kimidess tab	medroxyprogesterone aceta
kurvelo tab	microgestin 1.5/30 tab
KYLEENA IUD	microgestin 1/20 tab
larin 1.5/30 tab	microgestin 24 fe tab
larin 1/20 tab	microgestin fe 1.5/30 tab
larin 24 fe tab	microgestin fe tab
larin fe 1.5/30 tab	mili tab
larin fe 1/20 tab	MIRENA IUD
larissia tab	mono-linyah tab
layolis fe tab	mononessa tab
leena tab	MY CHOICE TAB
lessina tab	my choice tab
levonest tab	MY WAY TAB
levonorgestrel and ethiny tab	my way tab
LEVONORGESTREL TAB	myzilra tab
levonorgestrel tab	necon 0.5/35-28 tab
levonorgestrel/ethinyl es tab	necon 1/35 tab
levora 0.15/30-28 tab	necon 1/50-28 tab
LILETTA IUD	necon 10/11-28 tab
lillow tab	necon 7/7/7 tab
lo-zumandimine tab	NEW DAY TAB
lomedia 24 fe tab	new day tab
loryna tab	NEXT CHOICE ONE DOSE TAB
low-ogestrel tab	next choice one dose tab

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- This requirement applies to all non-grandfathered plans with an effective date on or after August 1, 2012.

NEXT CHOICE TAB	pirmella 1/35 tab
next choice tab	pirmella 7/7/7 tab
nikki tab	PLAN B ONE-STEP TAB
nora-be tab	plan b one-step tab
norethindrone & ethinyl e tab	PLAN B TAB
norethindrone acetate/eth tab	plan b tab
norethindrone tab	portia-28 tab
norethindrone/ethinyl est tab	PREVENTEZA TAB
norgestimate/ethinyl estr tab	preventeza tab
norgestrel/ethinyl estrad tab	previfem tab
norlyda tab	quasense tab
norlyroc tab	REACT TAB
nortrel 0.5/35 (28) tab	react tab
nortrel 1/35 (28) tab	reclipsen tab
nortrel 1/35 tab	rivelsa tab
nortrel 7/7/7 tab	setlakin tab
NUVARING	sharobel tab
ocella tab	simliya tab
OPCICON ONE-STEP TAB	simpesse tab
opcicon one-step tab	SKYLA IUD
OPTION 2 TAB	solia tab
option 2 tab	sprintec 28 tab
orsythia tab	sronyx tab
ORTHO DIAPHRAGM	syeda tab
ORTHO EVRA	TAKE ACTION TAB
PARAGARD INTRAUTERINE COP IUD	take action tab
philith tab	tarina 24 fe tab
pimtrea tab	tarina fe 1/20 eq tab

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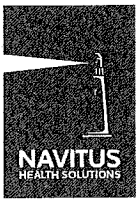

tarina fe 1/20 tab	wera tab
tilia fe tab	wymzya fe tab
TODAY SPONGE	XULANE
tri-estarylla tab	zarah tab
tri-legest fe tab	zenchent fe tab
tri-linyah tab	zenchent tab
tri-lo-estarylla tab	zeosa tab
tri-lo-marzia tab	zovia 1/35e tab
tri-lo-mili tab	zovia 1/50e tab
tri-lo-sprintec tab	zumandimine tab
tri-mili tab	
tri-previfem tab	
tri-sprintec tab	
tri-vylibra lo tab	
tri-vylibra tab	
tri femynor tab	
trinessa lo tab	
trinessa tab	
trivora-28 tab	
tulana tab	
velivet tab	
vestura tab	
vienva tab	
viorele tab	
vyfemla tab	
vylibra tab	

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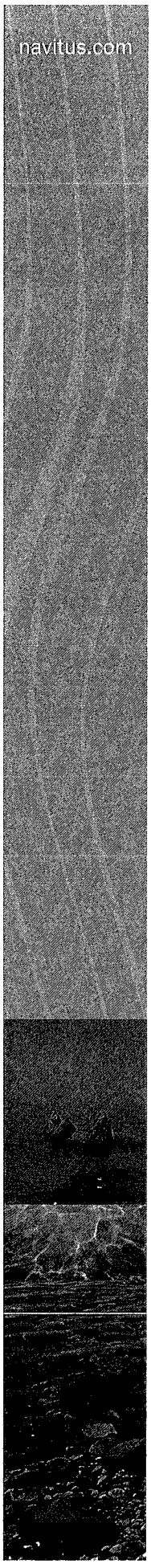
- This requirement applies to all non-grandfathered plans with an effective date on or after August 1, 2012.



Health Care Reform
Preventive Drug Coverage Guidelines

Updated September 2017

The Affordable Care Act (ACA) requires that eligible people get certain preventive services at no cost. The following four categories and related drugs are clinical recommendations in the ACA. They are included in the ACA as preventive services. The ACA was passed in 2010.

Breast Cancer Prevention

Prescribe for women who are at increased risk of breast cancer (5-year risk of three percent or greater) and at a low risk for adverse drug effects. This applies to women without symptoms age 35 years or older. Also, they should not have a prior diagnosis of breast cancer, ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS). These drugs should not be used in women who have a history of thromboembolic events (deep venous thrombosis, pulmonary embolus, stroke, or transient ischemic attack).

Medications	Coverage Guideline	Age Guideline
tamoxifen	20 mg daily for up to 5 years	Women, age 35 and older
raloxifen (Evista equivalent)	60 mg daily for up to 5 years	Postmenopausal women

Cardiovascular Disease Primary Prevention

To prevent cardiovascular events and mortality, prescribe low-to-moderate statins for adults without a history of cardiovascular disease when they 1) are 40 to 75 years of age, 2) have greater than or equal to one risk factor, such as dyslipidemia, diabetes, hypertension, or smoking, and 3) when the calculated 10-year risk of a cardiovascular event is greater than or equal to 10 percent.

Medications	Coverage Guideline	Age Guideline
Atorvastatin	10-20 mg for moderate-intensity regimen	Adults aged 40-75 years
Lovastatin	20 mg for low-intensity regimen 40 mg for moderate-intensity regimen	Adults aged 40-75 years
Pravastatin	10-20 mg for low-intensity regimen 40-80 mg for moderate-intensity regimen	Adults aged 40-75 years
Rosuvastatin	5-10 mg once daily for moderate-intensity regimen. Quantity Limits apply.	Adults aged 40-75 years
Simvastatin	10 mg for low-intensity regimen 20-40 mg for moderate-intensity regimen	Adults aged 40-75 year

Colorectal Cancer Screening		
Medications	Coverage Guideline	Age Guideline
Bowel Prep: Peg 3350/electrolytes solution and trilyte	Limited to 2 fills/calendar year	Covered for screening for colorectal cancer in adults between the ages of 50 and 75.

Heart Attack Prevention		
Medications	Coverage Guideline	Age Guideline
Aspirin	Prescribe when potential benefit (due to reduced heart attacks) outweighs the potential harm (due to an increase in GI hemorrhage) in men ages 45-79 years and women ages 55-79 years.	Aspirin is covered for pregnant women who are at high risk for preeclampsia and for men between the ages of 45 and 79.

Smoking Cessation		
Medications	Coverage Guideline	Age Guideline
buproprion (Zyban equivalent) **Nicotrol Nasal Spray** **Nicotrol Inhaler** **Nicotine Kits** **nicotine patch** (Nicoderm equivalent) **nicotine gum** (Nicorette equivalent) **nicotine lozenge** (Commit equivalent) **Chantix**	Provide tobacco cessation intervention to those adults that use tobacco products. Includes FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications)	18 years and older

Vitamins and Minerals		
Medications	Coverage Guideline	Age Guideline
Fluoride	Prescribe to preschool children older than 6 months of age whose primary water source is deficient in fluoride.	Fluoride needs to be covered for children of both sexes: ages 0 months to five years.
Folic Acid	Prescribe to women planning or capable of pregnancy as a daily supplement containing 0.4 to 0.8 mg (400 to 800 ug) of folic acid.	No age guidelines.
Iron	Prescribe to children aged 6 to 12 months who are at increased risk of iron deficiency anemia.	Iron needs to be covered for children of both sexes: ages 0 months to 1 year.
Vitamin D 400unit & 1000unit	Covered for men and women 65 years or older.	Prevention of falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.